



## Immunization Protects Children

## Imunizasaun Proteje Labarik

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**Quarter report: October-December 2011**

**Date: 10 January 2012**

*The Threshold Project on Immunization supports the Democratic Republic of Timor-Leste and its Ministry of Health to immunize all infants from vaccine preventable diseases. The project is made possible by the generous support of the American people through the Millennium Challenge Corporation (MCC) and the United States Agency for International Development (USAID).*

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## LIST OF ACRONYMS

AusAID	: Australian Agency for International Development
CCVM	: Cold Chain and Vaccine Management
CHC	: Community Health Center
DHS	: District Health Services
DPHO	: District Public Health Officer
DPT 3	: Third dose of Diphtheria, Pertussis and Tetanus Vaccine
EPI	: Expanded Program on Immunization
GAVI	: Global Alliance for Vaccines and Immunization
HAI	: Health Alliance International
HMIS	: Health Management Information System
IIP	: Immunization In Practice
JSI	: John Snow Inc.
MCC	: Millennium Challenge Corporation
MCHIP	: Maternal and Child Health Integrated Program
MLM	: Mid-Level Management
MoF	: Ministry of Finance
MOH	: Ministry of Health
MoU	: Memorandum of Understanding
NGO	: Nongovernmental Organization
PRA	: Participatory Rural Appraisal
PSF	: <i>Promotor Saúde Família</i> (Community Health Volunteer)
SISCa	: <i>Serviço Integrado da Saúde Comunitária</i>
SS	: Supportive Supervision
TAIS	: <i>Timor-Leste Assistência Integrada Saúde</i>
ToR	: Terms of References
UNFPA	: United Nations Population Fund
UNICEF	: United Nations Children's Fund
USAID	: United States Agency for International Development
WHO	: World Health Organization

## INTRODUCTION

Since the Democratic Republic of Timor-Leste (RDTL) emerged from decades of turmoil in 2000, its Expanded Program on Immunization (EPI) has made significant progress. Nonetheless, it continues to report the lowest administrative and official immunization coverage in the WHO South East Asia Region. The Timor-Leste Demographic and Health Survey (TLDHS) 2009-2010 showed immunization coverage for infants in Timor-Leste at 66.7% for completed diphtheria, tetanus and pertussis (DTP3) and 68.2% for measles. This puts the DTP3/measles average at 67.5%. A particularly alarming finding from the TLDHS 2009-2010 was that 22.5% of one-year-olds had never received a vaccination. This means that many infants and young children are seriously exposed to risks of preventable disease and death.

Funded by the Millennium Challenge Corporation (MCC) through USAID, the *Imunizasaun Proteje Labarik* (Immunization Protects Children) project intends to assist the RDTL in its efforts to increase DTP3 and measles immunization coverage rates nationally to 81.5%. The project will target seven districts (Ainaro, Baucau, Dili, Ermera, Liquiça, Manufahi, and Viqueque) where more than 75% of Timorese unreached children under the age of one reside. A complementary goal is to strengthen the Expanded Program on Immunization so it is able to sustain and expand the gains realized beyond this project.

*Imunizasaun Proteje Labarik* will help the Ministry of Health (MOH) improve its ability to achieve the medium-term priorities set out in the Comprehensive Multi-Year Plan (cMYP) for Immunization 2009-2013, and in turn reduce child morbidity and mortality associated with vaccine-preventable diseases. To achieve the project's ambitious goals, *Imunizasaun Proteje Labarik* collaborates with the MOH to:

- Strengthen service delivery to identify and reach unimmunized children at least five times a year,
- Strengthen district and CHC-level program management capacity and technical skills among government health personnel,
- Strengthen SISCa as an effectively functioning community-based outreach mechanism for providing immunization and other health services, and
- Strengthen program monitoring and reporting through better collection of routine data and the routine analysis and use of data for decision-making and targeted action.

The sustainable approaches that *Imunizasaun Proteje Labarik* intends to use to reach the desired immunization coverage for infants and children will:

- Build on the existing Ministry policies, plans and delivery system, especially the SISCa;
- Rely on community-level identification and mobilization of families to bring children for immunization; and
- Improve health workers' ability to manage and monitor the immunization delivery system through use of coverage data.

## 1. MAJOR ACCOMPLISHMENTS

The Imunizasaun Proteje Labarik (IPL) has facilitated micro-planning for the remaining 13 Community Health Centers (CHCs) of 34 focus CHCs for the quarter of October-December 2011 along with MOH and its partners by involving all health staff, community leaders, PSFs and relevant partners. UNICEF and MOH shared cost of the micro-plans in Ermera and Dili district. 217 Outreach sessions in addition to 44 SISCas were supported by the project those were identified through micro-planning. IPL supported respective District Public Health Officers (DPHOs) -EPI to conduct EPI supportive supervision visits in 32 health facilities in 5 of 7 focus districts. IPL supported District Health Services (DHS) to organize and facilitate 6 TOT sessions on Community Leader Training and the Uma Imunizasaun tool in all focus districts except for Dili DHS, where DPHO EPI and Assistant DPHO, all Chefe CHS with the EPI focal point, and partners participated. This was followed another 6 sessions of orientation trainings for community leaders, organized in respective suco offices where suco council members, PSFs, teachers, religious leaders, and other volunteers participated actively. One session of refreshing training on Immunization in Practice (IIP) and Cold Chain and Vaccine Management (CCVM) was organized in Baucau for health staff from different CHCs and HPs including the Hospital. The research study protocol, titled "Understanding the socio-cultural dynamics of urban communities and health system factors influencing childhood immunization in Dili, Timor-Leste" has received approval from the Research Department of MOH and has been submitted to the Institutional Review Board (IRB) at JSI Head Quarter, USA.

## 2. ACTIVITIES COMPLETED

ACTIVITY	DATE	COMMENTS
<b>Staff recruitment:</b> <ul style="list-style-type: none"> <li>- One team of four (4) persons (three from MOH and one from IPL) went to Jakarta, Indonesia to interview the short-listed midwives. The Director General of Health joined the team on 16 December to sign the MoU between both ministries.</li> <li>- One Technical Officer for Ermera District and 2 drivers have been recruited.</li> <li>- One new position, title "Technical Officer: Capacity Building and Monitoring" has been created</li> </ul>	October-December 2011	10 midwives would arrive in Dili on 30 January 2012. They will receive a one-week orientation.
<b>Objective 1: Strengthen service delivery to identify and reach unimmunized children at least four times a year</b>		
Results from baseline assessment were presented to Ermera DHS	21 October 2011	
Socialization on Micro-planning tools in Dili and Ermera DHS	October 2011	

ACTIVITY	DATE	COMMENTS
Facilitated micro-planning at CHC level for the quarter of October-December 2011 involving all health staff, community leaders, PSFs and relevant partners. Micro-planning sessions were carried out in the remaining 13 CHCs of 34 focus CHCs.	October 2011	UNICEF and MOH shared cost of the micro-plans in Ermera and Dili district. IPL has given technical support together with MOH and UNICEF.
217 mobile clinics and outreach as per micro-plans in all focus districts were supported by team (43 in Ainaro, 12 in Manufahi, 46 in Liquica, 21 in Dili, 34 in Ermera, 32 in Baucau and 29 in Viqueque) in order to reach unreached children	October-December	Project has provided CHC with fuel for operating mobile clinics and outreach centers in order to reach the unreached children of very remote areas.
Printed the community tracking and mobilization tool, namely "Uma Imunizasaun" in order to increase community responsibility for monitoring and motivating the respective community to immunize children.	November 2011	
Assisted MOH with its partner (WHO and UNICEF) to finalize the mid-level manager training (MLM) module including the supportive supervision system.	December 2011	Tasks were shared by MOH and its partners such as UNICEF, WHO, and IPL
The community leader training module and Uma Imunizasaun tool along with its guideline were submitted to the Health Promotion (HP) Working Group. The HP department is going to develop an integrated training module for PSF on MCH program.	12 December 2011	
<b>Objective 2: Strengthen district and CHC-level program management capacity and technical skills among government health personnel.</b>		
EPI Supportive Supervision conducted along with respective DPHO EPI: <ul style="list-style-type: none"> <li>- All CHCs (6) and 6 HPs with functioned refrigerator in Baucau</li> <li>- 4 CHCs in Manufahi and Ainaro each</li> <li>- 6 CHCs in Ermera</li> <li>- 5 CHCs and 1 HP in Viqueque</li> </ul>	November 2011	At the end of the supportive supervision session, team met with EPI focal point at CHCs and HP to discuss needs for improving EPI activity.
Organized 6 TOT sessions on Community Leader Training and the Uma Imunizasaun tool in all focus districts except for Dili DHS. DPHO EPI and Assistant DPHO, all Chefe CHS with EPI Focal point and partner attended the TOT.	November-December, 2011	Dili DHS will organize TOT in January 2012

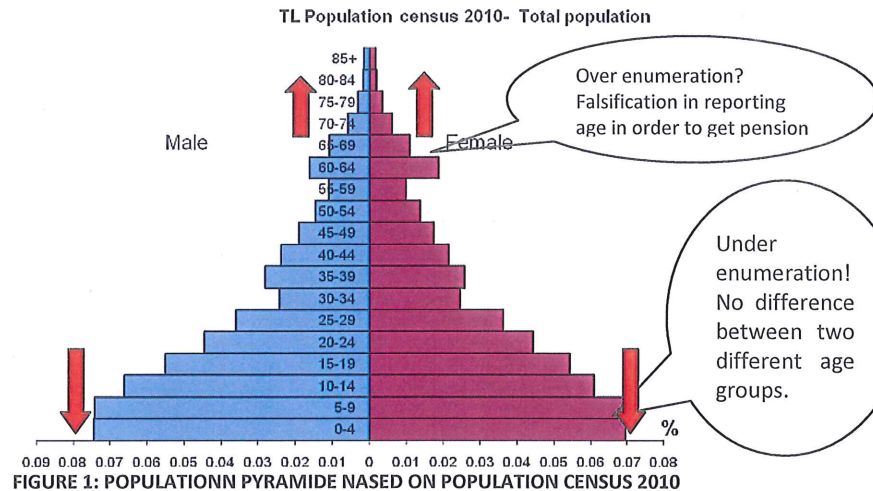
ACTIVITY	DATE	COMMENTS
One refreshing training on IIP (Immunization in Practice) and CCVM (Cold Chain and Vaccine Management) was organized in Baucau for health staff from different CHCs and HPs including Hospital.	December 13-15 2011	UNICEF and MOH along with IPL facilitated the training.
An orientation session was organized for IPL staff on the national surveillance guideline on Vaccine Preventable Diseases (VPDs) and Adverse Events Following Immunization (AEFI/EADI) at IPL Office facilitated by Mr. Joao Ph. (HMIS-MoH) and Dr. Yuwono (WHO)	06/12/2011	IPL staff are now familiar with these guidelines and forms and can assist respective DPHOs in facilitating training on these guidelines and support respective CHC to strengthen surveillance system.
<b>Objective 3: Strengthen SISCa as an effectively functioning community-based outreach mechanism for providing immunization and other health services.</b>		
6 sessions of orientation trainings for community leaders were organized in suco offices and facilitated by health staff from CHC and DHS where suco council members, PSFs, teachers, religious leaders, and other volunteers participated actively.	November-December 2011	Some of sessions were facilitated in their local language. At the end of the training, facilitator provided PSF with a format to make an up-to-date list of children under one by Aldeia in order to commence the Uma Imunizasaun tool in January 2012.
44 SISCAs in 5 of 7 focus districts were supported by the team (10 in Ainaro and Liquica each, 11 in Manufahi, 7 in Baucau and 6 in Viqueque).	October-December	Team could neither support SISCa in Ermera nor in Dili as these DHS's were delayed in making micro-plans.
<b>Objective 4: Strengthen program monitoring and reporting through better collection of routine data and the routine analysis and use of data for decision-making and targeted action</b>		
IPL participated in the national workshop on the denominator issue which was organized by the MOH and National Statistics Department. The team admitted the problems with data collection and the National Statistics Department will adjust with the population number by May 2012, and publish an adjusted projection for the couple of years.	December 14, 2011	The following decisions were made in the workshop: -HMIS department will work closely with the Department of Statistics to make the necessary adjustment -MOH will use the population projection data which was based on the 2004 population census until it receives the new projection
The study protocol, titled "Understanding the socio-cultural dynamics of urban communities and health system factors influencing childhood immunization in Dili, Timor-Leste" has received an approval from the Research Department of MOH and has been submitted to the Institutional Review Board (IRB) at JSI Head Quarter, USA	October-December 2011	-The IRB has given conditional approval, and final approval is anticipated the week of 17 January 2012.

ACTIVITY	DATE	COMMENTS
Participated in various relevant trainings and meetings at DHS and National level, and EPI Working Group meetings.	October-December 2011	
The project participated and supported, financially and technically, to the MCH working group meeting held from 27 to 29 November 2011 in Lautem.	27-29 November 2011	

### 3. CHALLENGES:

- In order to execute the micro-plans and the Detailed Implementation Plan (DIP) of IPL properly, it will require more human resources than was originally proposed. Moreover, inadequate logistical support, such as delay in procuring motorcycles, in adequate four wheel vehicles is hindering the smooth implementation of plans.
- USAID has yet to negotiate with the MOH and Government to make a consensus on the MOH imposed increased per-diem for its staff. It is hardly possible to organize any event at the national level involving government health staff. Moreover, most of the DHSs have recently increased transport and food allowances for its participants for any meeting and training organized at DHS level; and no unique system was found about the district-based per-diem management across the country which is compelling this project to defer many activities.
- It has been declared the first round of the 2012 Presidential elections will be held on 17th March 2012, and should a second round be deemed necessary it will be held the third week of April 2012. The National Parliament election will take place in June 2012. All of these election campaigns have a potential threat to activities at different levels, especially to organize any activities with communities.
- The rainy season has already started and many project areas are becoming unreachable by the project and health staff which could may threaten routine immunization coverage during this period.
- Finalization of the Mid-Level-Management (MLM) training modules and EPI supervision checklist, took much longer than planned which might hinder implementation of supportive supervision and the training plan.
- The project has an ambitious goal and it requires huge community mobilization for childhood immunization in order to attain this goal. The PSFs are the frontline health workers who are supposed to play the most significant role in mobilizing community; however, they are not getting their incentive regularly. Therefore, it appears as a big challenge to engage PSF in mobilizing community.

- The 2010 Census reflects a much lower population growth rate than previously estimated, and it is now believed there are fewer surviving infants than previously estimated. The graph (figure 1) shows there are two gross changes in the population pyramid which are very unusual and it indicates the errors as well as. The National Statistics Department will adjust the population number by May 2012 and will publish an adjusted projection for the couple of years.



#### 4. RESULTS, MONITORING/MEASUREMENT

See Annex A (PMP)

#### 5. ANNUAL FINANCIAL SUMMARY:

See Annex B (it will be provided later)